



ENROLLMENT CHANGES

Return forms to Enrollment Department @ 6406 Marine Dr. Tulalip, WA 98271 - Fax (360)716-0209

****Only the legal parent or guardian can fill this form out for a minor****

****All the information that is provided is kept highly confidential within the Tulalip Tribes****

Name: _____ Roll#: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

(If different from above)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Please include children with address changes:

1.) _____ Roll # _____

2.) _____ Roll # _____

3.) _____ Roll # _____

Name Change – Must have legal documentation and **social security card** to change name.

Newsletter/Mailings - Please allow 4-6 weeks for update. There will only be one newsletter sent per household.

CHANGES WILL BE SENT TO FINANCE. UPDATES NEED TO BE COMPLETED BY THE 18TH TO BE EFFECTIVE FOR PER CAPITA* PLEASE PROVIDE ADDRESS CHANGES TO OTHER APPLICABLE DEPARTMENTS WITHIN THE TRIBE, THIS CHANGE WILL ONLY DIRECTLY APPLY TO ENROLLMENT, FINANCE & MAILOUT/SEE-YAT-SUBS

Signature: _____ **Date:** _____

*****Official Use Only*****

Staff: Progeny _____ Date: _____ MOM _____ Date: _____

Time: _____

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